

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the
Eastern District of Texas

FILED-CLERK
U.S. DISTRICT COURT
2014 MAY 21 AM 9:59
TX EASTERN-MARSHALL

Certified Measurement, LLC

Plaintiff(s)

v.

CenterPoint Energy Houston Electric, LLC,
and Itron, Inc.

Defendant(s)

Civil Action No. 2:14-cv-627

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

Itron, Inc.
c/o CT Corporation System
1601 Elm Street
Dallas, Texas 75201

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Jennifer P. Ainsworth
Wilson, Robertson & Cornelius, P.C.
P.O. Box 7339
Tyler, Texas 75711-7339

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 5/14/14



CLERK OF COURT

David Maloney

Signature of Clerk or Deputy Clerk

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Civil Action No. 2:14-cv-627

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) ltron, Inc.
was received by me on (date) 05/16/2014

☐ I personally served the summons on the individual at (place) _____
_____ on (date) _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
_____ on (date) _____ ; or

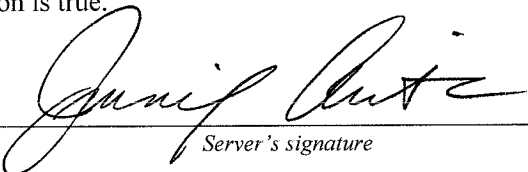
☐ I returned the summons unexecuted because _____ ; or

☒ Other (specify) I served the summons on ltron, Inc. via the United States Postal Service, Certified Mail,
Return Receipt Requested, on May 16, 2014.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: 05/19/2014



Server's signature

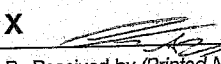
Jennifer Parker Ainsworth, Attorney

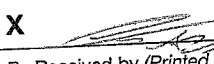
Printed name and title

P.O. Box 7339
Tyler, Texas 75711-7339

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent X  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Itron, Inc. c/o CT Corporation System 1601 Elm Street Dallas, Texas 75201</p>		<p>B. Received by (Printed Name) Chris Wells C. Date of Delivery MAY 10 2014</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery </p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>Article Number: 7012 1010 0002 2410 4292 Certified - Centertpoint</p>			
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent X  <input type="checkbox"/> Addressee</p>	
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		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery </p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>Article Number: 7012 1010 0002 2410 4292 Certified - Centertpoint</p>			
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